

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 01/31/03.

## **I. DISPUTE**

Whether there should be reimbursement for CPT codes 99213, 97035, 97124 and 97032 for the date of service 10/09/02, reimbursement for CPT code 97750-PPE for the date of service 10/08/02 and reimbursement for CPT code 99214 for date of service 10/03/02.

## **II. RATIONALE**

The Requestor billed the Respondent \$48.00 for CPT code 99213, \$22.00 for CPT code 97035, \$56.00 for CPT code 97124, \$22.00 for CPT code 97032 for the date of service 10/09/02 and \$71.00 for the date of service 10/03/02. The respondent made no payment. Services were denied as "E-Unrelated to the compensable injury."

The requestor submitted an agreement between the carrier and the injured worker at a Benefit Review Conference on the date of 04/19/01, indicating the injured worker had sustained a compensable injury on the date of \_\_\_\_\_. The requestor submitted documentation that supports the services was rendered per Rule 133.308(g)(3), therefore reimbursement is recommended for these CPT codes in the amount of \$219.00.

The date of service 10/08/02 the carrier denied services for CPT code 97750 as "N-The medical records attached do not match the CPT code billed." The documentation submitted by the requestor indicates the components of an FCE per MFG MGR (I)(E)(2). Also a TWCC-73 indicates that restrictions might change pending repeat physical performance evaluation (PPE) on 10/08/03. Therefore, reimbursement is not recommended.

## **III. DECISION & ORDER**

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT codes 99213, 97035, 97124 and 97032. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby **ORDERS** the Respondent to remit **\$219.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Decision and Order is hereby issued this 17th day of February 2004.

Michael Bucklin  
Medical Dispute Resolution Officer  
Medical Review Division  
MB/mb